PART B - FEE(S) TRANSMITTAL

| -   | Complete and send t   | this form, together wit  | h applicable (  | (CE 20)   | Mail<br>Fax   | Mail Stop ISSUE<br>Commissioner fo<br>P.O. Box 1450<br>Alexandria, Virg<br>(703) 746-4000   | r Patents   |   |  |
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| -   | INSTRUCTIONS: This fo<br>appropriate. All further co-<br>indicated unless corrected<br>maintenance fee notification   | rm should be used for the rrespondence including the below or directed otherwise ns. | smitting the ISSI<br>Patent, advanced<br>in Block 1 by (a |           |   |   | red). Blocks I through 5 still be mailed to the current and/or (b) indicating a sep | should be completed where<br>t correspondence address as<br>arate "FEE ADDRESS" for |  |
|   | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  27572 7590 03/23/2005  HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 828  |  |   |           |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United |   |   |  |
| 04/1  | BLOOMFIELD HILLS, MI 48303<br>3/2005 DEHMANU2 00000098 10601994   |  |   |           |   | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.   |   |   |  |
|   | 1501 1400.00 OP<br>1504 300.00 OP<br>8001 30.00 OP  |  |   |           |   |   |   | (Depositor's name) (Signature) (Date)   |  |
|   | APPLICATION NO.   | NO. FILING DATE FIRST NAME   |   |           | D INVEN   | ITOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |  |
|   | 10/601,994 06/23/2003 Thomas Hathaway 3562-000032 8671 TITLE OF INVENTION: VALVE LASH ADJUSTMENT APPARATUS AND METHOD   |  |   |           |   |   |   |   |  |
|   | APPLN. TYPE   | SMALL ENTITY   | ISSUE F   | ISSUE FEE |   | JBLICATION FEE  | TOTAL FEE(S) DUE  | DATE DUE  |  |
|   | nonprovisional  | NO   | \$1400  |           |   | \$300   | \$1700  | 06/23/2005  |  |
|   | EXAMINER  |  | ART UNIT  |           | CI  | LASS-SUBCLASS   |   |   |  |
|   | CORRIGAN, JAIME W   |  | 3748  |           | 123-090450  |   |   |   |  |
|   | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |   |           | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |   |  |
|   | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   |  |   |           |   |   |   |   |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) |   |  |   |           |   |   |   |   |  |
|   | Cinetic Automation Corporation Farmington Hills, Michigan   |  |   |           |   |   |   |   |  |
|   | Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gove  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 10  The Director is hereby authorized by charge the required fee(s), or credit any overpaym peposit Account Number (enclose an extra copy of this form). |  |   |           |   |   |   |   |  |
|   | 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |  |   |           |   |   |   |   |  |
|   | The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.   |  |   |           |   |   |   |   |  |
|   | Authorized Signature  | cuft,  |   | τ         | _   | Date A  | pril 11, 2005   |   |  |
|   | Typed or printed name _   | Monte L. Falo  | coff  |           | _   | Registration  | No. 37,617  |   |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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B#

## **PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Express Mail Label No. EV 570 162 539 US (4/11/2005)

Application No:

10/601,994

Filing Date:

June 23, 2003

Applicant:

T. Hathaway et al.

Allowed:

March 23, 2005

Confirmation No:

8671

Group Art Unit:

3748

Examiner:

J. Corrigan

Title:

VALVE LASH ADJUSTMENT APPARATUS AND METHOD

Attorney Docket:

3562-000032

Mail Stop ISSUE FEE
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## **CERTIFICATE OF MAILING - ISSUE FEE**

This is to certify that the Fee Transmittal Form in the above-identified application, duly executed, together with a check in the amount of \$1,730.00 (\$1,400-issue fee, \$300-publication fee, \$30-advance order of patent copies) are being deposited along with this Certificate with the United States Postal Service as express mail in an envelope with sufficient postage addressed to: Director of the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on April 11, 2005.

The Commissioner is hereby authorized to charge any fee insufficiencies to our Deposit Account No. 08-0750 or credit any overpayments to that deposit account. A duplicate copy of this Certificate is enclosed.

Respectfully submitted,

Date: April 11, 2005

Monte L. Falcoff

Aeg. No. 37,617

Attorney for Applicant

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